



## PART B - FEE(S) TRANSMITTAL

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28008 7590 06/07/2004

**DNAX RESEARCH, INC.**  
**LEGAL DEPARTMENT**  
**901 CALIFORNIA AVENUE**  
**PALO ALTO, CA 94304**

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Melanie Lyons (Depositor's name)  
Melanie Lyons (Signature)  
September 3, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/775,046	02/01/2001	Johannes Eduard Maria Antonius Debets	DX01073K	3164

TITLE OF INVENTION: MAMMALIAN CYTOKINES; RECEPTORS; RELATED REAGENTS AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ANDRES, JANET L	1646	424-085200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 EDWIN P. CHING  
2 SHEELA MOHAN-PETERSON  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCHERING CORPORATION

KENILWORTH, NEW JERSEY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1239 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Sheela Mohan-Peterson (Date) 03-sept-2004  
Sheela Mohan-Peterson, Reg. No. 41,201

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

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**TO:** Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Attn:** Mail Stop ISSUE FEE

**FAX:** (703) 746-4000

**FROM:** Sheela Mohan-Peterson

**DATE:** September 3, 2004

**RE:** Docket No.: DX01073K  
USSN: 09/775,046  
Filed: February 1, 2001  
Title: Mammalian Cytokines; Receptors; Related Reagents and Methods

**Any difficulty with this facsimile, please call:**  
**Melanie Lyons at (650) 496-1183**

Documents attached:

➤ Issue Fee Transmittal (Part B - Fee(s) Transmittal), in duplicate

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Melanie Lyons

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